Caring for LGBT Youth in Clinical Settings

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Learning Objectives

At the end of this webinar, participants will be able to:

- Identify the unique health disparities and developmental challenges of lesbian, gay, bisexual, transgender (LGBT) youth (12-24 years)
- Describe ways to talk to LGBT youth about their sexual and gender identity
- Explain strategies for interviewing, supporting, and educating LGBT youth on social, health, and behavioral concerns
- Access additional resources for improving the health and well-being of young LGBT patients
The Goals of LGBT Adolescent Health Care

Same as for all adolescents:

1. To promote healthy development
2. To promote social and emotional well-being
3. To promote and ensure physical health
Developmental Challenges For LGBT Youth

Same as for all adolescents, PLUS need to:

- Establish a comfortable sense of own sexual/gender identity (some need to negotiate both ethnic and sexual identity)
- Decide when and to whom to “come out”
- Deal with internal & external homophobia/transphobia, bullying, marginalization
- Deal with feelings of isolation; may receive limited support from family, peers, and other adults; lack role models
Physical and Behavioral Health Challenges for LGBT Youth

- Victimization (verbal, physical, sexual abuse)
- Suicidal ideation
- Anxiety, depression
- Smoking
- Alcohol & substance abuse
- Homelessness
- HIV & STIs
- Body image (males)
- Obesity (females)
- Limited access to care

(Garofalo & Harper, 2003; Savin-Williams, 1994; Rosario et al, 2001; Corliss et al, 2008; IOM 2011)
The Clinical Visit
Safe and Welcoming Environment

- Display posters or flyers that include LGBT youth, same-sex couples, and symbols
- Train all staff on LGBT health and competencies
- Offer single stall unisex bathrooms
- Include gender identity and sexual orientation in non-discrimination policies
- Develop office policy regarding confidentiality of unemancipated minors
The Clinician’s Role

- Assist patients in healthy discovery, autonomy, and self-acceptance
- Create an open and honest dialogue
- Use a non-judgmental tone
- Be prepared with referrals and resources – you may be their only adult confidante on LGBT identity or concerns
Polling Question

According to a 2009 survey of LGBT youth, which of the following provider qualities do you think was ranked as most important?

a) Want provider to have the same gender and sexual orientation as me (the patient)
b) Want provider to treat LGBT youth the same as other youth
c) Want provider to be respectful and non-judgmental; good listener
d) Want provider who is experienced with LGBT youth
Parents and Privacy

- Begin visit with parent/guardian, then complete interview and examination alone with patient (when possible)
  - Allows youth to feel comfortable talking about sensitive topics
  - Protects youth’s confidentiality

“Today we’re going to spend some time talking together about Robin’s health. I’ll address any questions you or she have, and then I’ll also spend some time alone with Robin. At the end of the visit we’ll come back together and talk about any tests, treatments, or follow up plans.”
Parents and Confidentiality

- Remind the parent and youth of your practice’s confidentiality policy
- Frame the information in the context of adolescent self-responsibility and self-reliance
- Ask if there are any questions or concerns re this policy
- Clarify with patient what information is ok to share before bringing the parent back into the room
Parents and Confidentiality

- Laws vary from state to state regarding adolescent health care and consent, parental notification
- Each state allows minors to consent to services for STIs or HIV, emergency care, and most allow them to consent to family planning services
- Learn the laws for your state
Answer to Polling Question:
What Provider Qualities are Most Important to LGBT Youth?

Most important:
- Want provider to treat LGBT youth the same as other youth (b)
- Want provider to be respectful and non-judgmental; good listener (c)

Less important:
- Want provider who is experienced with LGBT youth (d)

Least important:
- Provider has the same gender and sexual orientation as patient (a)
The Patient Interview

- Chief complaint may not be the main reason for the visit

- Do you have any other problems, have any questions, or want anything else checked out while you’re here?
The Patient Interview

The **HEADS** model may be a useful mnemonic for taking the psychosocial history, with a focus on key social and behavioral areas:

- **H** – Home
- **E** – Education
- **A** – Activities
- **D** – Drugs/Diet
- **S** – Safety/Sexuality/Suicide (depression)

“How are things at home? At school? What activities are you doing at school or outside of school?”
The Patient Interview

- Take history as a dialogue, not a check list
- Treat sensitive topics, such as sex and substance use, as routine questions, using non-judgmental tone and body language
Asking about Sexual and Gender Identity

I am going to ask you some questions about yourself and I want you to tell me how you feel, not how you think others see you or how others think you should feel. These are questions I ask all my patients.

- Are you attracted to boys, girls, or both?
- How do you feel about your attractions?
- What words do you use to describe your sexual identity?
- What gender do you consider yourself to be?
  - By gender I mean how you think of yourself regardless of what body parts you may have.
- How do you feel about your gender?
Discussing Identity

- Youth may not disclose their sexual and gender identity to clinician (that’s okay)
- Youth sometimes reject labels, and may see their sexual or gender identity as fluid
  - Some use “Queer” as all-encompassing label
- Let patients use their own terminology for their identity, even if it does not match their sexual behaviors
- Transgender youth especially may adopt a sexual identity based on their partner’s gender (e.g. “woman-centered;” “men-loving”)
Safe Disclosure

- Patient may fear purposeful or accidental disclosure of sexual orientation or gender identity to family members
- Avoid assumptions and talk to patients about who the adolescent is “out” to or how comfortable they are with others knowing, including other providers you refer them to
- It is not the provider’s role to disclose LGBT identity or behaviors to family or guardians, but offer supports and resources for decision-making
- If a bill or Explanation of Benefits will breach confidentiality, consider alternate coding
- Train all staff to respect confidentiality regarding LGBT identity
Helping with Parental Acceptance

- LGBT youth rejected by parents are more likely to attempt suicide, report depression, use illegal drugs, and have unprotected sex
- Latino males report highest level of family rejection
- Parental rejecting behaviors include:
  - Forbidding interaction with LGBT peers
  - Blaming child for being victim of bullies
  - Hiding child’s sexual identity from other family members and friends
  - Kicking child out of house
Family Acceptance Strategies

- Ask patients how their families have reacted to their coming out
- Explain to parents the negative impact of rejecting words and behaviors, even when they mean well
- Suggest parents support their child’s sexual orientation/gender identity as much as possible (okay to be uncomfortable; a little support goes a long way)
- See the Family Acceptance Project for resources: http://familyproject.sfsu.edu/.
MY SON IS MY LIFE

I know he is gay and I don’t always understand, but that doesn’t change my love for him.
good morning parents,

I'm gay. I've wanted to tell you for a long time. I thought doing it this way would be a piece of cake. I hope you still love me. I mean, it's hard not to love someone who baked you a cake.

All my friends know and still love me. Your acceptance would be the icing on the cake.

I hope you, much like this cake, are not in tiers.

I hope we can look back on this and say “boy, this one really takes the cake”

It gets better. Love, Laurel
(sorry for so many puns)
Selected Health Issues: Screening and Patient Education
Tobacco Use

- LGB youth, especially girls, have higher smoking rates
- Tobacco advertising targets LGB communities (youth are most susceptible)
- Screen and offer culturally-appropriate resources to quit
Alcohol & Drug Use

- LGBT youth lack social outlets – may frequent gay-supportive bars, clubs, or other social spaces that normalize substance use
- Alcohol/drugs may be used to self-medicate against loneliness, depression
- Substance use is linked to high-risk sex, HIV/STI transmission; suicide attempts; car accidents
Alcohol & Drug Use

- Screening: Ask specific, direct questions; use non-judgmental tone
- Learn street drug names; ask if not familiar
- Educate about different evidence-based approaches, including abstinence and harm reduction strategies
- Exam room may be the only safe space for youth to ask questions and get accurate information
HIV/AIDS

- About 26% of all new HIV infections are among youth ages 13 to 24 years
- About 87% of young males got HIV from male to-male sex
- Over half (54%) of new infections among young gay and bisexual males are in African Americans
- Transgender MTF at very high risk of infection too
HIV Incidence among MSM ages 13-29, by Race/Ethnicity; United States, 2009

- Black/African American
- Hispanic/Latino
- White
Risk Factors for HIV/STIs

- African Americans at higher risk because the burden of HIV is already high in their communities
  - Sexual risk behaviors are not greater
- Sex with older partners increases risk because an older partner is more likely to have had more sexual partners/be infected with HIV.
- Sex under the influence of drugs or alcohol can increase risky behaviors
- Less than half (44%) of gay and bisexual males in high school used condoms the last time they had sex.
Reality - A Year in the Life

“Casey”: 16 year old Black Transwoman

Oct 03 - Moved to Chicago to be w/ “boyfriend”

Sept 04 – HIV+

May 04 – Extra $$ for unsafe sex

March 04 – Turns 1st Trick

Feb 04 – Talks about street work

Dec 04 – Kicked out and trauma in shelter

Nov 04 - Engages in care: Primary medical at community health center/ weekly therapy
Screening for HIV and STI Risk

- About 60% of youth with HIV do not know they are infected
- CDC recommends screening all patients 13-64 years old (opt-out testing in primary care)
- Sexually active young gay and bisexual men and transgender women should be tested at least once a year
- People in communities with more HIV infections may benefit from being tested more often
Sexual History

- Make no assumptions about sexual activity based on sexual identity or age
- Ask specific, easily understood questions about:
  - Gender of current and past partner(s)
    - Are you dating? Have you had sex with men (boys), women (girls), or both?
  - Age of sexual debut
  - Types of sexual activity
Sexual History

- If sexually active, ask questions about consistency of safer sex practices
  - When you use condoms for anal or vaginal sex, how often do you use them? OR
  - Do you use condoms 5%, 50%, 75%, or 100% of the time?
  - Open-ended questions may reveal more accurate answers
Sexual History

- Address STI/HIV and pregnancy risks based on sexual activity, not identity
  - Identity and behavior do not always align
  - Teen pregnancy possibly more common in lesbian and bisexual teens compared to heterosexuals
Counseling and Education

- LGBT youth often at a disadvantage when it comes to sex education because it is primarily devoted to heterosexual sex
- Evidence indicates that adolescents prefer to receive HIV counseling and testing information from their health-care providers rather than from their parents, teachers, or friends
- 58% of surveyed adolescents cited their provider's recommendation as their reason for HIV testing
Safer Sex Counseling

Approaches include:

- Monogamy with an uninfected partner
- Reduction in the number of sexual partners
- Engaging in lower-risk sexual practices
- Consistent and correct use of barrier methods
- Avoiding excessive substance use
- Referrals to community programs
Sexual Health Immunizations
- CDC Recommendations

- Hepatitis A: Vaccinate all men who have sex with men, if not already vaccinated as children

- HPV:
  - Vaccinate all girls, even if only sexually active with other girls. Start the vaccine series at ages 11-12 before sexual debut.
  - Vaccinate all boys ages 11 or 12.
  - Vaccinate males through age 21, who have not already received all three doses.
  - Vaccinate men who have sex with men, and men with compromised immune systems (including HIV) through age 26, if they did not get fully vaccinated when they were younger.
Sexual Health: Preventive Care

- Lesbian and bisexual females should get Pap tests on the same schedule as other female youth
  - Lesbian, bisexual female patients in particular should be educated about the need for these screenings as they may feel themselves to not be at risk

- Transgender youth may be very uncomfortable with physical exams that involve their genitalia; be extra sensitive
  - *What can I do to make you more comfortable?*
  - *Would you like someone else in the room?*
Behavioral Health
Behavioral Health: History & Screening

- Take history in person – not just via intake form
- Identify youth in need of referrals (youth-focused LGBT support groups, mental health support)
  - Screen for depression
  - Ask about social supports
    - Who do you turn to when you feel sad or need someone to talk to?
  - Ask about school, home, and peers
Suicide Risk

- LGB youth more likely to self-report suicide attempt in past 12 months (Garofalo et al, 1999; Massachusetts Dept. of Ed, 2002)
- Suicide risk in all adolescents associated with isolation, substance use (> in LGBT)
- Patients often visit PCP shortly before successful suicide
- LGBT homeless youth at higher risk of suicidal ideation and attempts
  - 57-62% report suicide attempts (Suicide Prevention Resource Center, 2008)
  - Youth in foster care, juvenile justice system also likely at higher risk
Portraits of Violence

LGBT youth show overall violence patterns similar to those among heterosexual youth.

Areas of concern:
- Relationship violence
- Hate crimes
- Bullying, victimization in school setting
Intimate Partner Violence

- 1 out of 3 same-sex relationships has experienced domestic violence.
- 1 in 4 heterosexual women experiences domestic violence.
## Portraits of Violence (Transgender Youth)

### Transgender Youth in 1990
- 78% reported having been verbally harassed and
- 48% reported having been victims of assault, including assault with a weapon, sexual assault or rape.  
  (Wilchins, et al. 1990)

### Transgender Youth 2003
- 55% of transgender youth report being physically attacked.
- 74% of transgender youth reported being sexually harassed at school,
- 90% of transgender youth reported feeling unsafe at school because of their gender expression.  
  (GLSEN, 2003)
Arkansas School Is Accused Of Harassing a Gay Student

By TAMAR LEWIN

As Thomas McLoughlin tells it, the trouble began when his eighth-grade science teacher overheard him refusing to deny to another boy that he was gay. It got worse that afternoon, when his guidance counselor called his mother at work to tell her he was homosexual.

"The assistant principal called me out of seventh period, asked if my parents knew I was gay, and when I said no, she said I had till 3:40 to tell them or the school would," said Thomas, a 14-year-old student at Jacksonville Junior High School in Arkansas.

"I was too upset to sit through eighth period, so I went to the guidance counselor, and she made the call. Later, the science teacher wrote me a four-page handwritten letter about the Bible’s teachings on homosexuality, telling me I would be condemned to hell. I threw it out."

That was a more than a year ago. Since then, the McLoughlin family says, the school has continued to harass Thomas because of his homosexuality. The teachers and administrators who ousted Thomas last year now want to silence him, the established.

Jay Bequette, the lawyer for the district, said he had no comment on the case.

Earlier this month, the American Civil Liberties Union, representing the McLoughlins, wrote to Dr. Henderson, accusing the school of violating Thomas’s rights to free speech, equal protection and privacy, and asking for assurances by last Friday that there would be no further violations of Thomas’s rights.

"Students should not be punished for being honest about their sexual orientation," Leslie Cooper, a lawyer with the A.C.L.U.’s Lesbian and Gay Rights Project, said. "Jacksonville Junior High School has trampled on Thomas McLoughlin’s constitutional rights."

On Friday, the A.C.L.U. deadline, the district released a brief statement on the case, saying, "Based on the information the district has received, the district is unable to substantiate, and therefore denies, the specific allegations set forth in the letter. The district denies that it intentionally violated the student’s constitutional rights, and no disciplinary action has been taken because of the student’s sexual orientation."

Delia McLoughlin says she was upset when a guidance counselor called her to inform her that her son, Thomas, 14, was gay.

A furor over a gay teenager’s privacy rights and separation of church and state.
School Based Violence (IL)

Studies indicate:

- LB female participants reported more school-based violence across all variables.
- GB male participants reported missing more school, and feeling threatened at school.
- LGB youth were 3.4 times as likely to be threatened at school.
- LGB youth were twice as likely to be bullied, carry a weapon to school, miss school because of feeling unsafe, and have had a fight at school.
Sexual Abuse and Assault

- Childhood sexual abuse in LGBT people linked to a variety of future health challenges, including:
  - HIV/STI risk behavior
  - Substance use
  - Poor mental health
  - Sexual revictimization

(Heidt et al, 2005; Saewyc et al, 1999, 2006; Austin et al, 2008)
Safety, Violence & Victimization – Screening

- Ask generally how things are at home, school, and with peers, and also about “feeling safe” in these settings. Have resources and referrals on hand.
  - How are things going at home or at school?
  - Do you feel safe when you are at home?
  - Do you feel safe in your neighborhood and at school?
  - Has anyone ever picked on you? Can you tell me about it? Was this because you are LGBTQ?
  - At any time, has anyone hit, kicked, choked, threatened, forced him or herself on you sexually, touched you in a sexual way that was unwanted, or otherwise hurt or frightened you?
Homelessness

- Estimated 20-40% of homeless street youth are LGBT
- Many leave home or are forced to leave
  - May be kicked out or run away to avoid violence, harassment, or pressure to undergo anti-gay therapy
  - Youth may come out to families or “be outed” accidentally
- Challenges of homelessness include tenuous housing, work, and support systems
  - Can lead to trading sex for money, food, shelter, or drugs; related HIV/STI risk
  - Substance use, victimization, and violence are common
LGBT Youth
Glass Half Empty vs. Half Full

- Half Empty
  - Suicide
  - HIV
  - STI’s
  - Homeless
  - Substance Use
  - Violence

- Half Full
  - Strength
  - Perseverance
  - Resilience
  - Resourceful
Resources for LGBT Youth and Families

- Family Acceptance Project: familyproject.sfsu.edu
- PFLAG.org
- It Gets Better Project: www.itgetsbetter.org
- The Trevor Project (suicide prevention): www.thetrevorproject.org
- Gay Straight Alliance Network: gsanetwork.org
- Gay Lesbian & Straight Education Network: www.glsen.org
More Resources

- **Practice Brief**: Providing Services and Supports for Youth Who Are Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, or Two-Spirit (LGBTQI2-S)
  [http://www.tapartnership.org/docs/pb1_lgbtqi2s_web.pdf](http://www.tapartnership.org/docs/pb1_lgbtqi2s_web.pdf)

- **TransYouth Family Allies**: [www.imatyfa.org](http://www.imatyfa.org)
Hotlines for Support, Referrals

- Lesbian, Gay, Bisexual and Transgender Helpline
  617.267.9001
  Toll-free: 888.340.4528

- Peer Listening Line
  617.267.2535
  Toll-free: 800.399.PEER